



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. 10/623,051
Applicant(s): GUNTHER MICHAEL, ET AL.
Filed: JULY 18, 2003
TC/A.U. TBA
Examiner: TBA
Title: HYDROPHOBIC SILICA

Confirmation No.: 3961

Docket No.: 032301.0901
Customer No.: 25461

MAIL STOP NONFEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sirs:

SECOND PRELIMINARY AMENDMENT

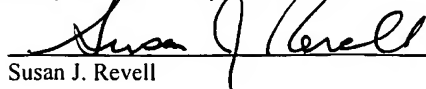
Before the first Official Action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

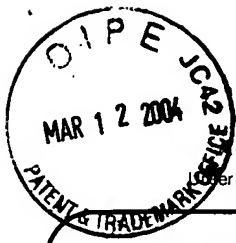
Remarks/Arguments begin on page 4 of this paper.

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Susan J. Revell



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/623,051
	Filing Date	07/18/2003
	First Named Inventor	GUNTHER MICHAEL
	Art Unit	1714
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	032301.0901

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Attachment: "Schriftenreihe Pigmente Nr. 11"; Return Receipt Postcard		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert G. Weilacher, Reg. No. 20,531
Signature	
Date	March 9, 2004

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Signature		Date	March 9, 2004

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